MAXIMUS Federal Services

Case Number:	CM13-0022513		
Date Assigned:	11/13/2013	Date of Injury:	02/02/2012
Decision Date:	01/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Fellowship Cardiovascular Disease and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a thirty eight year old male who reported an injury on 02/02/2012. The documentation submitted for review indicates that the patient had a crush-type injury sustained to the small finger of the left hand. Notes indicate that consequently, the patient's injury became infected and the patient was hospitalized for a period of 2 weeks due to compartment syndrome and the development of necrotizing myositis. Notes indicate that the patient was diagnosed as having Methicillin-resistant Staphylococcus aureus for which the patient underwent antibiotic therapy. Notes indicate that the patient is status post left forearm and hand fasciotomy for compartment syndrome associated with necrotizing myositis and severe neurological sequelae with complex regional sympathetic dystrophy. Recent clinical evaluation of the patient on 10/31/2013 noted full range of motion with fairly good grip strength and a well healed scar except for 1 area of tenderness of approximately 2 inches about the mid portion of the forearm and another tender area over the anterior aspect of the wrist. The patient was evaluated again on 11/02/2013 at a burn/wound clinic with notes indicating that the patient was much improved, having had psychological support. Notes detail that the patient was previously seen by his occupational therapist who recommended home equipment and therapy. However, it was indicated the patient's equipment had not yet been forthcoming. Also, notes indicate that the patient previously underwent a Kenalog injection at the mid forearm; however, the patient had experienced extreme pain and discomfort for a period of 48 hours following injection. The patient also noted advent of discomfort and pain to the hand due to cold weather. Moreover, notes indicate that the patient was in need of either a gym membership or gym equipment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Low Back Chapter, Gym memberships.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. The documentation submitted for review indicates the recommendation for the patient to receive either gym equipment or a gym membership. Notes indicate that the patient requires a membership to support his rehabilitation. However, the most recent clinical notes submitted for review indicate that the patient has full range of motion of the hand, wrist, and elbow with full grasp. Moreover, there is a lack of documentation submitted for review to indicate any clear clinical rationale for a gym membership for the patient versus a home exercise program from which the patient my derive benefit. Additionally, while and exercise program would be supported, the request for a gym membership is not supported by the guidelines as programs where outcomes are not monitored by a health professional are not covered per the guidelines. Given the above, the request for gym membership is not medically necessary and appropriate.